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IMPORTANT NOTICE
TELECOPY/FACSIMILE COVER LETTER

TO: U.S. Patent and Trademark OfficeExaminer: Kiesha L. RoseArt Unit: 2822DATE: May 5, 2006FROM: Darius G. Adli

TIME: _____

TOTAL NO. OF PAGES, INCLUDING COVER: 13

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MESSAGE:

Patent Application No.: 10/734,834; Our Ref. 81876.0059

I hereby certify that the following documents:

- ☒ Amendment Transmittal Letter
- ☒ Amendment UNDER 37 C.F.R. § 1.116
- ☒ Petition for Extension of Time with three month Extension Fee

are being facsimiled to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450., for filing in the above-identified application.

May 5, 2006
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Firoozeh Vakilzadeh

TELE COPY/FAX NUMBER: (571) 273-8300 ART UNIT 2822CLIENT NUMBER: 81876.0059ATTORNEY BILLING NUMBER: 5214CONFIRMATION NUMBER: Please return fax to Rosa Vakilzadeh

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PATENT

Attorney Docket No. 81876.0059

Customer No. 26021

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Toshimasa Tanaka, et al.

Serial No.: 10/734,834

Filed: December 12, 2003

For: DRIVER FOR DRIVING LOAD USING A CHARGE
PUMP CIRCUIT

Art Unit: 2822

Examiner: Kiesha L. Rose

Confirmation No.: 1938

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Alexandria, VA 22313-1450, on

May 5, 2006

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Firoozeh Vakilzadeh

Name

Signature

5/5/06

Date

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir

Transmitted herewith is an Amendment in the above-identified application.

☒ Petition for Extension of Time (3-Months).

The fee has been calculated as shown below:

| | (Col. 1) CLAIMS REMAINING AFTER AMENDMENT | (Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR | (Col. 3) PRESENT EXTRA* | LG/SM \$ ENTITY FEE | ADD'L FEE DUE |
|--|---|---|--|--|------------------|
| TOTAL CLAIMS FEE | 9 | 20 | 0 0 | LG=\$50 SM=\$25 | \$ 0 |
| INDEPENDENT CLAIMS FEE | 2 | 3 | 0 | LG=\$200 SM=\$100 | \$ 0 |
| FIRST REPRESENTATION OF MULTIPLE DEPENDENT CLAIMS | | | | LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180 | \$ 0 |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) | | | \$250 FOR EACH ADDITIONAL 50 SHEETS | | \$ 0 |
| Independent Claims: 22 and 23 | | | | TOTAL | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge the amount of \$___ to cover the additional claims to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Please charge the amount of \$1020 to cover the three-month extension fee to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. A copy of this sheet is enclosed.☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,

Date: May 5, 2006

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By:

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